

# Commonwealth of Kentucky Personnel Cabinet

Prepared for:  
Kentucky Group Health Insurance Board Members

September 2007

# DASHBOARD REPORT: BASED ON INCURRED CLAIMS

Includes Projections for Incurred but not yet reported claims (IBNR or CMPL)

## 1. Enrollment

Fact	May 2006 - Apr 2007	May 2005 - Apr 2006	% Change
Employees Avg Med	147,949	144,917	2.10%
Members Avg Med	238,711	232,114	2.80%
Family Size Avg	1.6	1.6	0.70%
Member Age Avg	37.4	38.5	-2.70%

## 3. Allowed Claims Costs PMPY with Norms

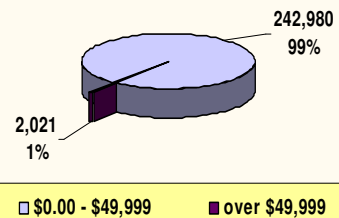
	May 2005 - Apr 2006	May 2006 - Apr 2007	Trend	Recent US Norm	Comp to Norm
Allow Amt PMPY □Med {Cmpl}	\$3,248	\$3,625	12%	\$3,420	5.67%
Allow Amt PMPY □IP Acute {Cmpl}	\$937	\$1,019	9%	N/A	N/A
Allow Amt PMPY □OP Med {Cmpl}	\$2,291	\$2,595	13%	\$2,309	11.02%
Allow Amt PMPY □OP Fac Med {Cmpl}	\$1,010	\$1,118	11%	N/A	N/A
Allow Amt PMPY □Office Med {Cmpl}	\$817	\$912	12%	\$0	N/A
Allow Amt PMPY □OP Lab {Cmpl}	\$161	\$228	42%	\$0	N/A
Allow Amt PMPY □OP Rad {Cmpl}	\$335	\$454	36%	\$0	N/A
Out of Pocket PMPY □Med {Cmpl}	\$309	\$324	5%	\$598	-84.41%
Allow Amt PMPY □Rx {Cmpl}	\$1,105	\$1,249	13%	\$947	24.18%
Out of Pocket PMPY □Rx {Cmpl}	\$246	\$215	-13%	\$0	N/A

### Legend Key

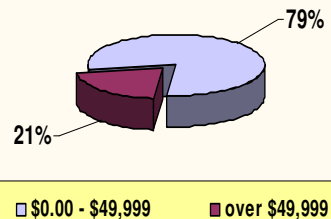
Below Norm      Above Norm

## High Cost Claimants Jan - July 2007

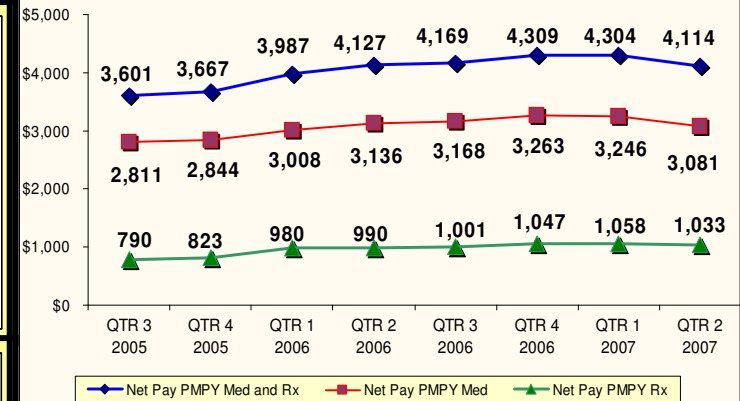
### % of High Cost Patients



### % of Total Net Payments (med & Rx)



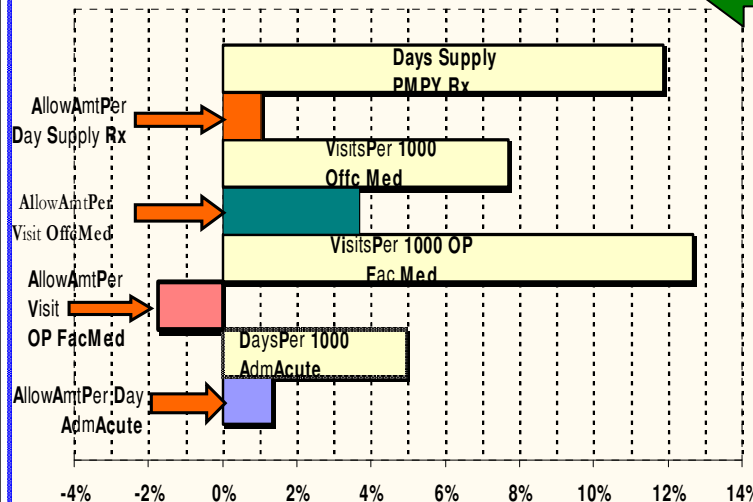
## 2. Net Incurred Claims Cost Per Member (PMPY Costs as Calculated at the End of each Quarter)



## 5. Prescription Drug Programs

		May 2005 - Apr 2006	May 2006 - Apr 2007	% Change
Mail Order	Discount Off AWP % Rx	29.03%	32.62%	12.38%
	Scripts Generic Efficiency Rx	87.94%	91.35%	3.88%
Retail	Discount Off AWP % Rx	29.43%	33.95%	15.38%
	Scripts Generic Efficiency Rx	92.43%	94.59%	2.34%
Total	Discount Off AWP % Rx	29.38%	33.78%	14.99%
	Scripts Generic Efficiency Rx	92.25%	94.47%	2.41%
	Scripts Maint Rx % Mail Order	6.25%	6.04%	-3.45%

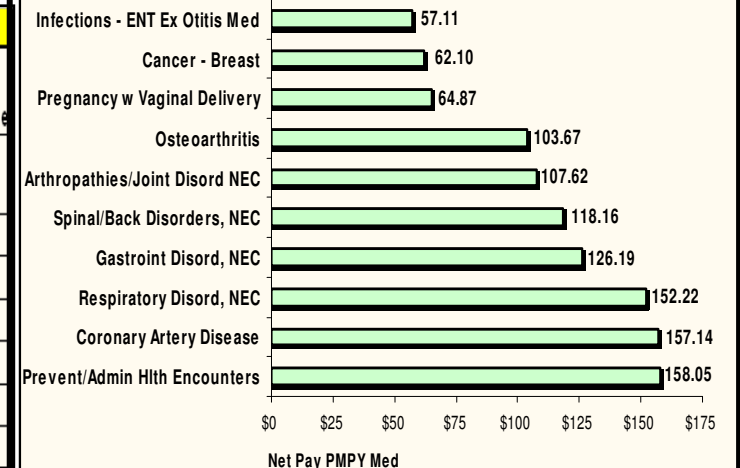
## 6. Cost Drivers - Utilization & Price Trends



## 6.b. Cost Driver Support Table

	May 2005 - Apr 2006	May 2006 - Apr 2007	% Change
Allow Amt Per Day Adm Acute	\$2,844.08	\$2,882.31	1.34%
Days Per 1000 Adm Acute	325.08	341.17	4.95%
Allow Amt Per Visit OP Fac Med	\$674.72	\$663.06	-1.73%
Visits Per 1000 OP Fac Med	1,496.17	1,686.11	12.69%
Allow Amt Per Visit Office Med	\$105.74	\$109.66	3.70%
Visits Per 1000 Office Med	7,725.06	8,319.27	7.69%
Allow Amt Per Day Supply Rx	\$2.20	\$2.22	1.05%
Days Supply PMPY Rx	502.44	562.15	11.88%

## 7. Top 10 Clinical Conditions (Medical Only) May 2006 - April 2007



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## **Introduction**

The Department for Employee Insurance (DEI) is pleased to provide an analysis of the Kentucky Employees Health Plan. In response to requests for data analysis this report has been prepared to provide information related to enrollment, claims payment, and utilization.

It is the Department's intent to update this information on a monthly basis in an effort to continue to provide current information about Kentucky's Health Insurance Program.

## **Overview**

This report is compiled using Medstat, which is DEI's health insurance information management system. Medstat warehouses enrollment and claims data. Enrollment data is provided by DEI while claims data is provided by each carrier and/or TPA.

Claims information may be analyzed by either "incurred" or "paid" dates. "Incurred" reports specify paid amounts for claims that were incurred in a specified timeframe. Due to the lag time in submittal and payment of claims, historical reports that are based on incurred claims may change significantly with each new database update since additional incurred claims will be added. "Paid" claims reports specify the paid amount for claims regardless of when the claims may have been incurred. Unless otherwise specified, data contained in this report are based on "incurred" claims.

Enrollment in the KEHP changes on a daily basis due to a variety of reasons such as: new hires, adding dependents, dropping dependents, marriage, divorce, becoming Medicare eligible, etc. Therefore, Medstat is dealing with a fluid enrollment base. Also, each carrier processes claims slightly differently. During 2005 Medstat processed enrollment information for a total of 253,984 members as well as 7,196,140 claims (3,083,368 Medical claims and 4,048,855 prescriptions) from five different carriers. When dealing with such large numbers it is impossible to tag every claim to a corresponding group, carrier, service type, etc. While the tagging rate for the KEHP data exceeds 99%, you may still see information on reports stated as "~Missing". This indicates any enrollment or claims that could not be "tagged" by Medstat.

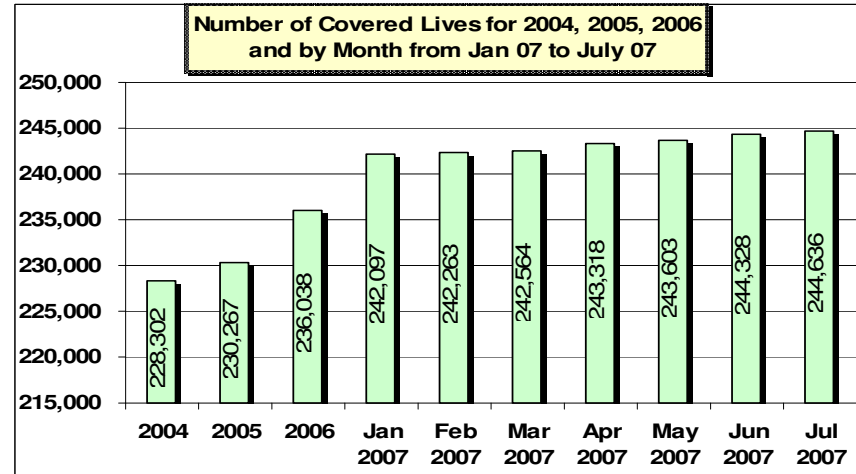
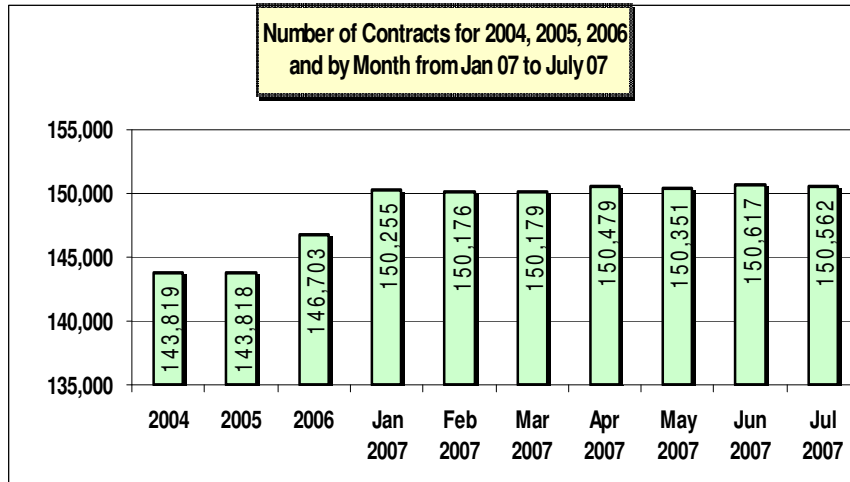
## **Definitions**

DEI utilized the following definitions in preparing reports:

- “Employee” represents an individual eligible to participate in KEHP as a retiree in either KTRS or KRS, or by being employed by one of the agencies that participate with KEHP (example: state employee, school boards, Quasi agency, etc.). Employee may also be referred to as “planholder” or “contracts”. Please note that Medstat deals with Cross-reference plans uniquely. Although there are in fact two “employees” Medstat can only designate the planholder as an employee. Therefore, the cross-referenced spouse is considered a dependent and all claims and utilization data related to them is counted as a “member”.
- “Member” includes all employees plus any dependents that are covered through the KEHP. Members may also be referred to as “covered lives”.
- “Group” is Kentucky Retirement System (KRS), Kentucky Teachers Retirement System (KTRS), State Employees, School Boards, or Other (includes: COBRA, Health Departments, KCTCS, Quasi/Local Governments).
- “Plan” is Commonwealth Essential, Commonwealth Enhanced, Commonwealth Premier, Commonwealth Select, HMO Option A, HMO Option B, POS Option A, POS Option B, PPO Option A, PPO Option B, or EPO Option C.
- “Carrier” may be Aetna, Anthem, Bluegrass Family Health, CHA Health, United Healthcare, or Humana (please note that Express Scripts data is designated as Humana).
- “Generic Efficiency” means the number of prescriptions that are filled with a generic product as a percentage of the total number of prescriptions where a generic is available.
- “OOP” is the amount paid out-of-pocket by the member for facility, professional, and prescription drug services. This generally includes coinsurance, co-payment, and deductible amounts.
- “Allowed Amount” is the amount of submitted charges eligible for payment for all claims. It is the amount eligible after applying pricing guidelines, but before deducting third party, co-payment, coinsurance, or deductible amounts.
- “Net Payment” is the net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, co-payment, coinsurance, and deductible amounts have been subtracted.
- “Patients” is the unique count of members who received facility, professional, or pharmacy services.
- “Days Supply” is the number of days for which drugs were supplied for prescriptions filled. It represents the number of days of drug therapy covered by a prescription.
- “Mail Order” is computed as any script filled with a “days supply” of more than 30 days, regardless of the physical location where the prescription was filled.
- “Retail” is computed as any script filled with a “days supply” of 30 days or less, regardless of the physical location where the prescription was filled.

## Enrollment

The following charts show planholder enrollment (contracts) and member enrollment (covered lives) for 2004, 2005, 2006 and monthly year-to-date for 2007. Enrollment will fluctuate on a monthly basis.



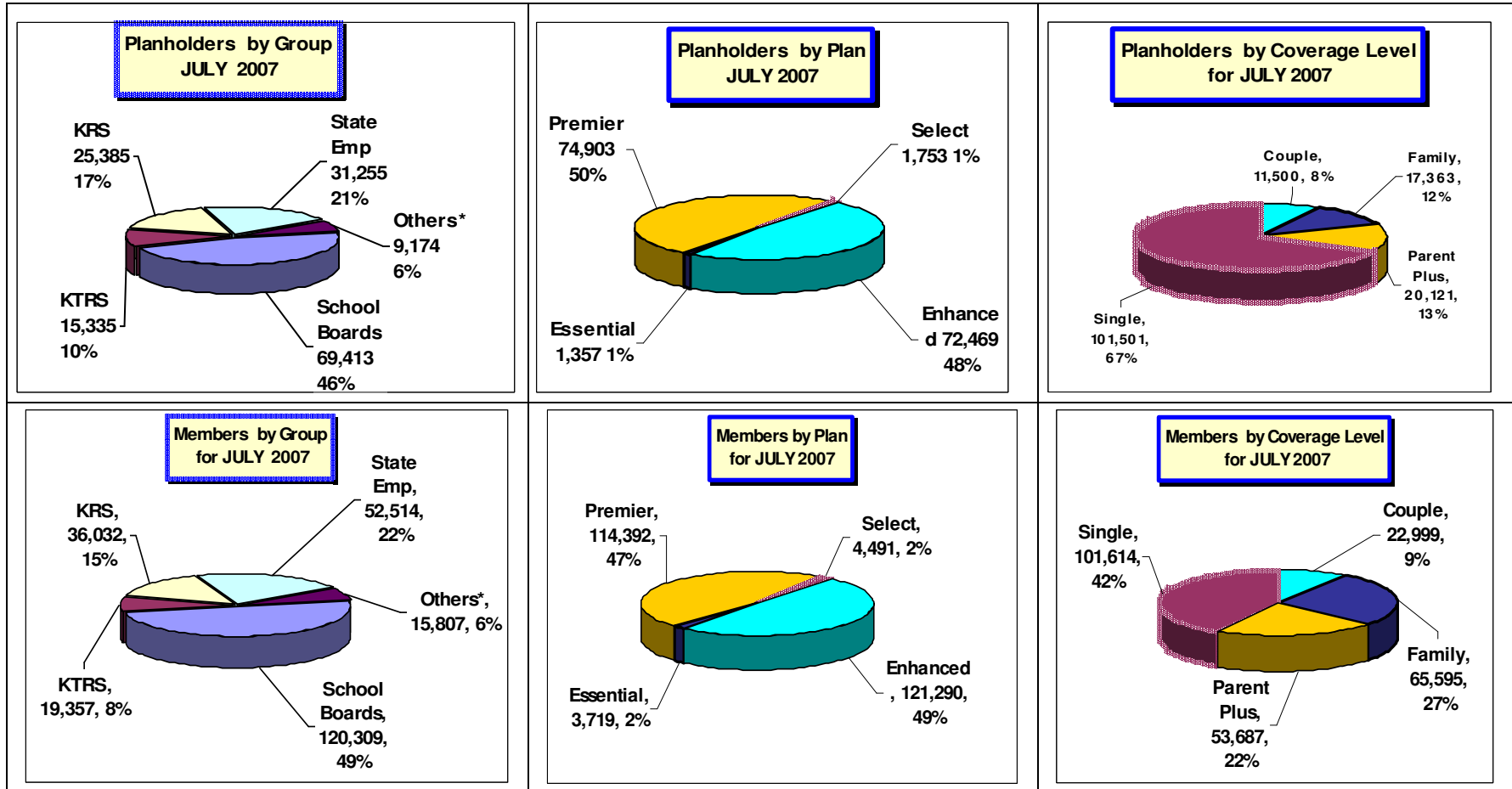
(Note: There have been approximately 7,000 cross-referenced spouses in any given month that are not included in the charts.)

The following table shows the number of cross-reference spouses for 2004, 2005, 2006 and monthly year-to-date for 2007.

Time Period	# of Cross-Reference Spouses
Avg - 2004	5,008
Avg - 2005	7,017
Avg - 2006	7,130
Jan 2007	7,227
Feb 2007	7,217
Mar 2007	7,266
Apr 2007	7,284
May 2007	7,321
Jun 2007	7,339
Jul 2007	7349

## Enrollment (continued)

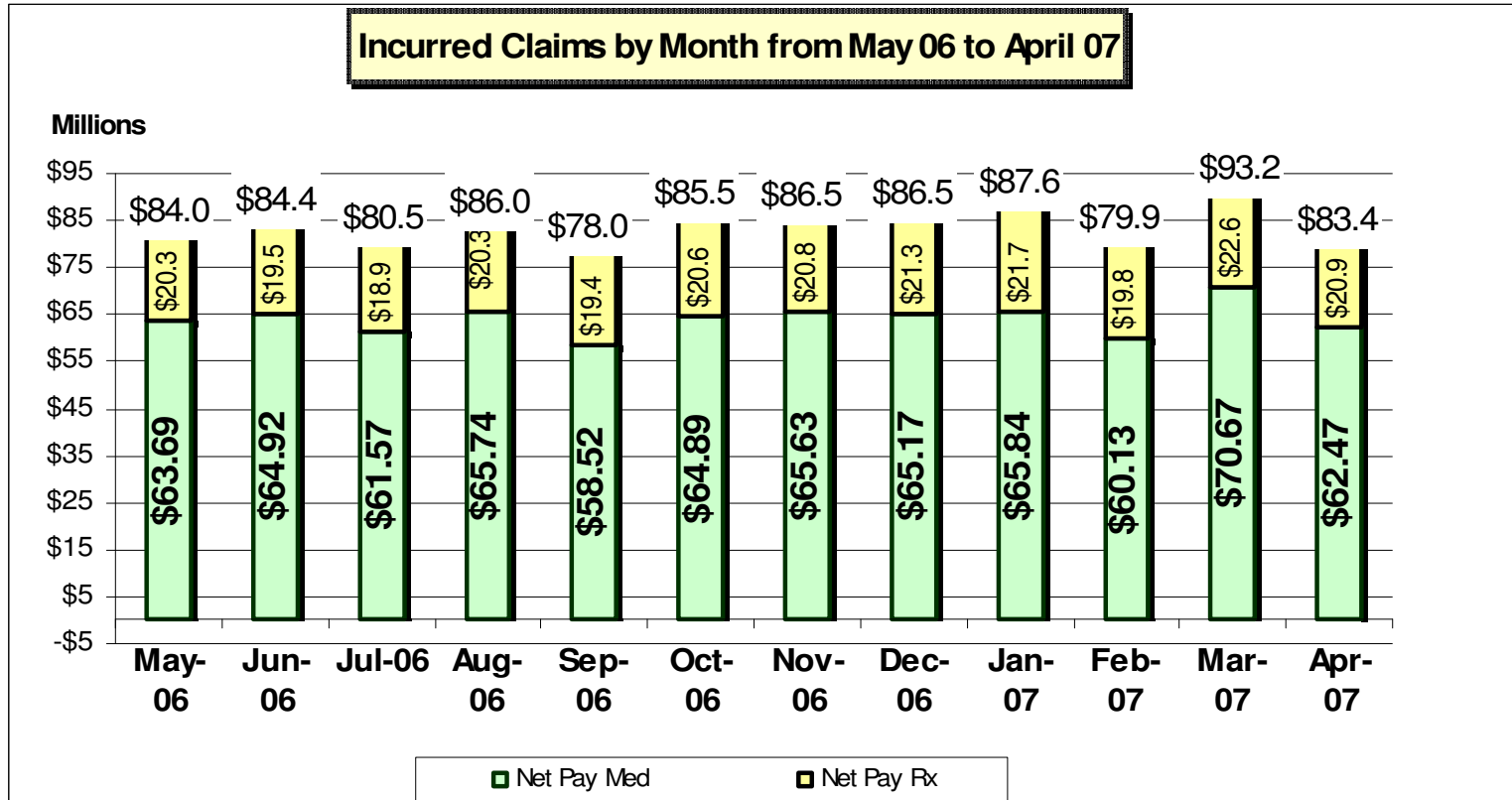
The following charts show Planholder and Member enrollment by group, plan, and coverage level.



\* Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).

## Claims Costs

The following chart shows claims costs, including Medical and Prescription (Rx) for the most recent rolling year. (Based on Incurred Claims)





## **Claims Costs** (continued)

The following represents **incurred medical** claims only (does not include Rx) by Group for 2004, 2005, 2006 and monthly year-to-date for 2007.

	School Boards	KTRS	KRS	State Employees	Others	Totals
<b>2004</b>	\$246,135,396	\$70,821,610	\$105,462,079	\$123,071,292	\$44,914,612	\$590,404,988
<b>2005</b>	\$258,740,079	\$80,441,671	\$122,058,942	\$127,040,659	\$43,862,327	\$632,143,678
<b>2006</b>	\$305,068,007	\$93,172,558	\$145,671,217	\$149,994,126	\$48,301,161	\$742,207,069
<b>Jan-07</b>	\$27,285,288	\$8,481,065	\$13,494,903	\$12,620,197	\$3,961,014	\$65,842,468
<b>Feb-07</b>	\$26,025,378	\$7,052,638	\$12,323,714	\$10,849,988	\$3,873,538	\$60,125,256
<b>Mar-07</b>	\$29,282,321	\$9,522,968	\$14,427,938	\$13,104,388	\$4,329,923	\$70,667,539
<b>Apr-07</b>	\$26,364,925	\$7,442,517	\$12,527,377	\$12,107,486	\$4,028,788	\$62,471,094

\* Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).

The following represents **incurred Rx** claims only (does not include medical) by Group for 2004, 2005, 2006 and monthly year-to-date for 2007.

	School Boards	KTRS	KRS	State Employees	Others*	Total RX
<b>2004</b>	\$65,360,626	\$24,608,695	\$34,686,761	\$32,457,821	\$11,383,050	\$168,496,952
<b>2005</b>	\$69,891,805	\$27,094,171	\$39,706,608	\$34,310,246	\$11,822,500	\$182,825,330
<b>2006</b>	\$92,667,429	\$35,018,833	\$53,074,441	\$42,788,486	\$13,584,798	\$237,133,987
<b>Jan-07</b>	\$8,513,772	\$3,115,381	\$4,957,666	\$3,821,100	\$1,329,043	\$21,736,962
<b>Feb-07</b>	\$7,892,158	\$2,714,924	\$4,476,219	\$3,471,227	\$1,236,010	\$19,790,538
<b>Mar-07</b>	\$8,985,372	\$3,156,085	\$5,148,131	\$3,981,165	\$1,301,675	\$22,572,429
<b>Apr-07</b>	\$8,163,588	\$2,979,250	\$4,868,191	\$3,733,265	\$1,202,543	\$20,946,836

• Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).

## Claims Costs (continued)

The following represents **incurred medical claims only (does not include Rx)** by Plan for 2004, 2005, 2006 and monthly year-to-date for 2007.

	Commonwealth									
Time Period	Enhanced	Essential	Premiere	Select	Old HMO Products	Old POS Products	Old PPO Products	Old EPO Products	Missing*	Total
2004	\$247,933	\$96,285	\$389,307	\$0	\$212,909,645	\$40,885,382	\$325,224,613	\$5,524,470	\$5,127,353	\$590,404,988
2005	\$224,051,710	\$5,706,438	\$398,847,631	\$0	\$12,164	\$900	\$179,854	\$70	\$3,344,105	\$632,142,871
2006	\$285,510,850	\$5,297,418	\$447,057,305	\$0	\$0	\$0	\$0	\$0	\$4,339,096	\$742,204,670
Jan-07	\$25,222,962	\$427,002	\$39,677,557	\$224,799	\$0	\$0	\$0	\$0	\$290,148	\$65,842,468
Feb-07	\$22,609,257	\$314,686	\$36,424,074	\$352,854	\$0	\$0	\$0	\$0	\$424,386	\$60,125,256
Mar-07	\$27,067,897	\$269,671	\$42,629,919	\$389,786	\$0.00	\$0.00	\$0.00	\$0.00	\$310,265	\$70,667,539
Apr-07	\$24,249,726	\$531,810	\$37,046,559	\$368,419	\$0.00	\$0.00	\$0.00	\$0.00	\$274,581	\$62,471,094

HMO = HMO Option A plus HMO Option B

POS = POS Option A plus POS Option B

PPO= PPO Option A plus PPO Option B

\*Missing means the claims could not be tagged to a specific plan.

The following represents **incurred Rx claims only (does not include medical)** by plan for 2004, 2005, 2006 and monthly year-to-date for 2007.

	Commonwealth									
Time Period	Enhanced	Essential	Premiere	Select	Old HMO Products	Old POS Products	Old PPO Products	Old EPO Products	Missing*	Total
2004	\$48,323	\$2,484	\$65,868	\$0	\$58,944,685	\$13,448,392	\$94,468,063	\$678,460	\$840,678	\$168,496,952
2005	\$64,800,801	\$1,344,708	\$115,891,021	\$0	\$12,237	\$3,874	\$21,588	\$496	\$750,605	\$182,825,330
2006	\$86,144,813	\$1,164,552	\$148,786,581	\$0	\$0	\$0	\$0	\$0	\$1,038,041	\$237,133,987
Jan-07	\$8,080,901	\$83,806	\$13,468,865	\$11,377	\$0	\$0	\$0	\$0	\$92,012	\$21,736,962
Feb-07	\$7,437,764	\$74,503	\$12,157,452	\$34,786	\$0	\$0	\$0	\$0	\$86,033	\$19,790,538
Mar-07	\$8,408,293	\$87,936	\$13,973,954	\$54,614	\$0	\$0	\$0	\$0	\$47,632	\$22,572,429
Apr-07	\$7,906,217	\$76,055	\$12,836,777	\$88,434	\$0	\$0	\$0	\$0	\$39,353	\$20,946,836

\*Missing means the claims could not be tagged to a specific plan.

**Claims Costs** (continued)

The following represents **incurred medical claims only** (does not include Rx) by Coverage Level for 2004, 2005, 2006 and monthly year-to-date for 2007.

<b>Time</b>	<b>Couple</b>	<b>Family</b>	<b>Parent Plus</b>	<b>Single</b>	<b>Unknown*</b>	<b>Total</b>
<b>2004</b>	\$79,153,612	\$103,816,354	\$86,064,075	\$316,243,594	\$5,127,353	\$590,404,988
<b>2005</b>	\$87,258,666	\$118,827,302	\$89,294,800	\$333,418,414	\$3,344,496	\$632,143,678
<b>2006</b>	\$105,109,017	\$141,199,677	\$103,252,691	\$388,306,588	\$4,339,096	\$742,207,069
<b>Jan-07</b>	\$8,817,237	\$12,604,089	\$9,551,580	\$34,579,414	\$290,148	\$65,842,468
<b>Feb-07</b>	\$8,988,965	\$11,325,390	\$8,701,946	\$30,684,569	\$424,386	\$60,125,256
<b>Mar-07</b>	\$10,683,951	\$12,595,971	\$9,558,760	\$37,518,591	\$310,265	\$70,667,539
<b>Apr-07</b>	\$9,087,639	\$11,257,855	\$8,430,873	\$33,420,147	\$274,581	\$62,471,094

The following represents **incurred Rx claims only** (does not include Medical) by Coverage Level for 2004, 2005, 2006 and monthly year-to-date for 2007.

<b>Time</b>	<b>Couple</b>	<b>Family</b>	<b>Parent Plus</b>	<b>Single</b>	<b>Unknown*</b>	<b>Total</b>
<b>2004</b>	\$25,936,162	\$29,646,678	\$19,041,619	\$93,031,815	\$840,678	\$168,496,952
<b>2005</b>	\$28,909,054	\$34,190,171	\$19,157,715	\$99,817,506	\$750,884	\$182,825,330
<b>2006</b>	\$38,226,133	\$43,800,816	\$25,936,228	\$128,132,941	\$1,037,868	\$237,133,987
<b>Jan-07</b>	\$3,475,874	\$3,983,855	\$2,484,707	\$11,700,524	\$92,002	\$21,736,962
<b>Feb-07</b>	\$3,185,623	\$3,617,595	\$2,340,943	\$10,560,350	\$86,028	\$19,790,538
<b>Mar-07</b>	\$3,605,722	\$4,227,927	\$2,594,905	\$12,096,250	\$47,625	\$22,572,429
<b>Apr-07</b>	\$3,605,722	\$4,227,927	\$2,594,905	\$12,096,250	\$47,625	\$22,572,429

\* Unable to tag claims to a specific coverage level

## Medical Claims Utilization

The following is based on medical claims (does not include Rx) incurred from January 2007 through April 2007. (Note: Services are tracked by each service, not by each visit. Therefore if two laboratory services are performed at one visit, it will count as two services.)

Plan	Admits Per 1000 Acute	Admits Per 1000 Acute {Rcnt SGovt}	%Diff from {Rcnt SGovt}	Days LOS Admit Acute	Days LOS Admit Acute {Rcnt SGovt}	%Diff from {Rcnt SGovt}	Days Per 1000 Adm Acute	Days Per 1000 Adm Acute {Rcnt SGovt}	%Diff from {Rcnt SGovt}	Visits Per 1000 Office Med
Commonwealth Enhanced	69.68	68.67	1.48%	3.7	3.46	7.00%	258.14	284.46	-9.25%	7,514.14
Commonwealth Essential	53.92	58.57	-7.95%	3.84	3.72	3.12%	206.81	244.31	-15.35%	3,775.75
Commonwealth Premiere	104.51	77.05	35.63%	4.01	3.65	9.83%	418.72	337.98	23.89%	9,760.88
Commonwealth Select	48.57	55.05	-11.76%	3.21	3.56	-9.95%	155.71	220.63	-29.42%	4,983.57
~Missing	930,000	122	7,610	3	3	0	3,006,000	619	4,853	9,180,000
<b>Total</b>	<b>276.68</b>	<b>259.34</b>	<b>17.40%</b>	<b>14.76</b>	<b>14.39</b>	<b>10.00%</b>	<b>1039.38</b>	<b>1087.38</b>	<b>-30.13%</b>	26034.34

Plan	Visits Per 1000 Office Med {Rcnt SGovt}	%Diff from {Rcnt SGovt}	Visits Per 1000 ER	Visits Per 1000 ER {Rcnt SGovt}	%Diff from {Rcnt SGovt}	Svcs Per 1000 OP Lab	Svcs Per 1000 OP Lab {Rcnt US}	%Diff from {Rcnt US}	Svcs Per 1000 OP Rad	Svcs Per 1000 OP Rad {Rcnt US}	%Diff from {Rcnt US}
Commonwealth Enhanced	7,207.69	4.25%	198	186.32	6.27%	7,065.63	6,017.32	17.42%	2,439.85	2,041.45	19.52%
Commonwealth Essential	6,506.93	-41.97%	189.11	183.51	3.05%	4,052.58	5,197.72	-22.03%	1,289.97	1,701.57	-24.19%
Commonwealth Premiere	8,001.36	21.99%	233.07	184.93	26.03%	9,914.92	6,891.97	43.86%	3,553.77	2,457.69	44.60%
Commonwealth Select	6,325.33	-21.21%	125.71	183.65	-31.55%	4,618.57	4,898.48	-5.71%	1,502.86	1,585.38	-5.21%
~Missing	12,028	762	324,000	192	1,691	9,606,000	10,598	905	2,592,000	4,736	546

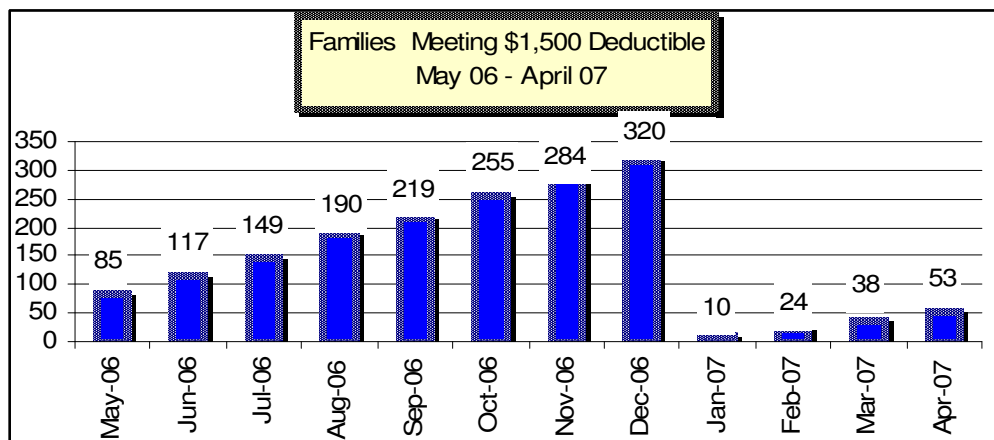
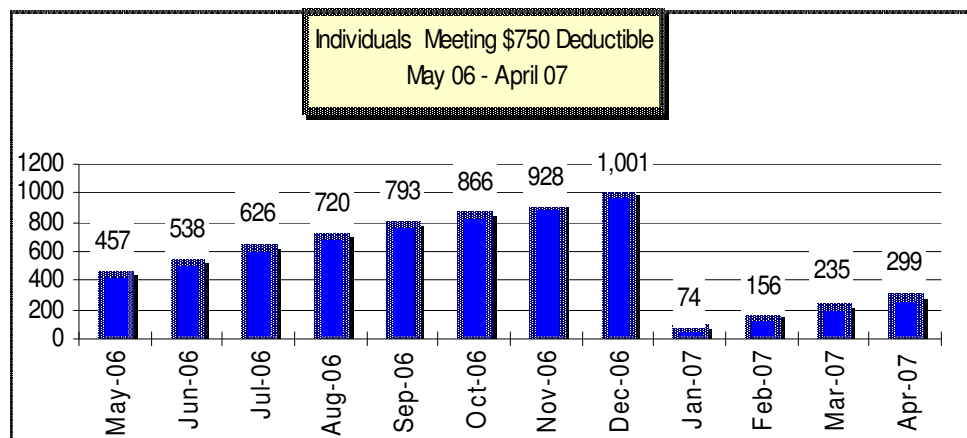
<b>Total</b>	28041.31	-36.94%	745.89	738.41	3.80%	25651.7	23005.49	33.54%	8786.45	7786.09	34.72%
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\*Missing means the claims could not be tagged to a specific plan

### Analysis of Individuals and Families meeting their Deductibles

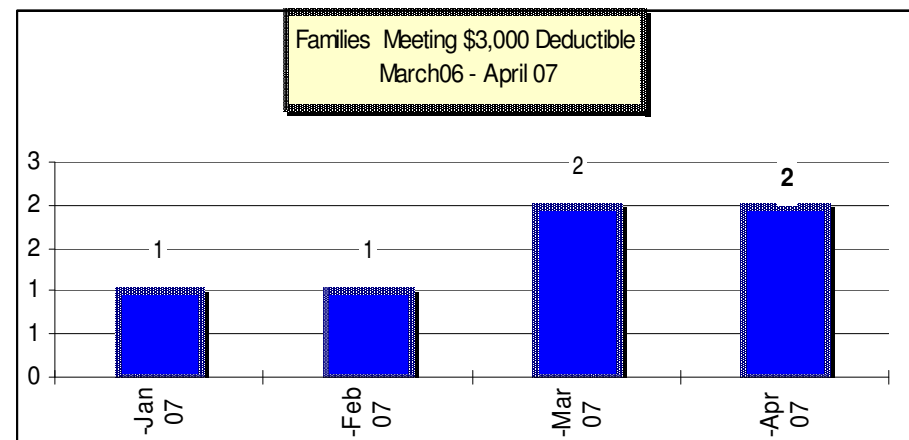
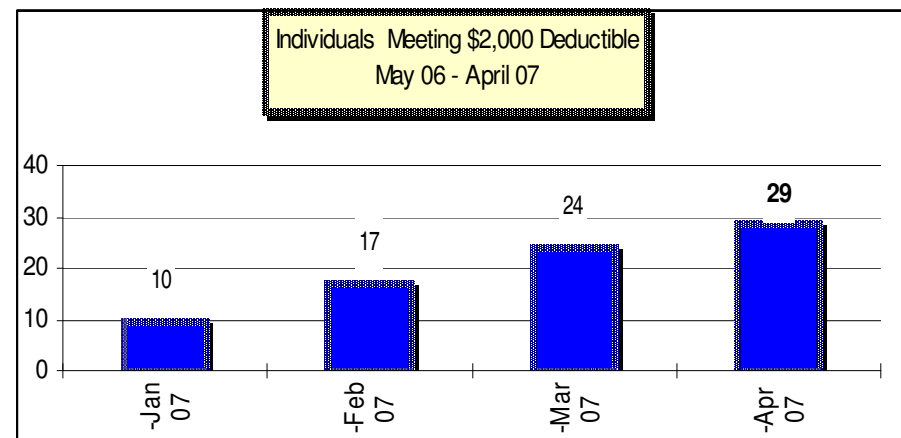
The following details the number of individuals and families by plan, meeting their deductible amounts for the most recent rolling year. The report is based on incurred claims.

#### **Commonwealth Essential**



2005 Essential: A total of **18.63%** of Individuals and **11.45%** of Families met their deductibles  
 2006 Essential: A total of **22.12%** of Individuals and **16.40%** of Families met their deductibles.  
 During 2007, a total of **8.02%** of Individuals and **3.76%** of Families met their Essential Deductibles

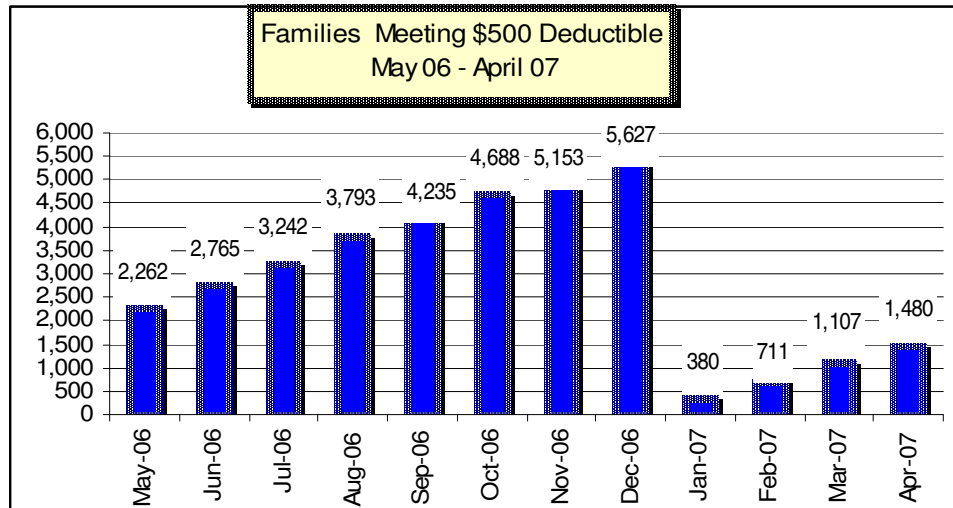
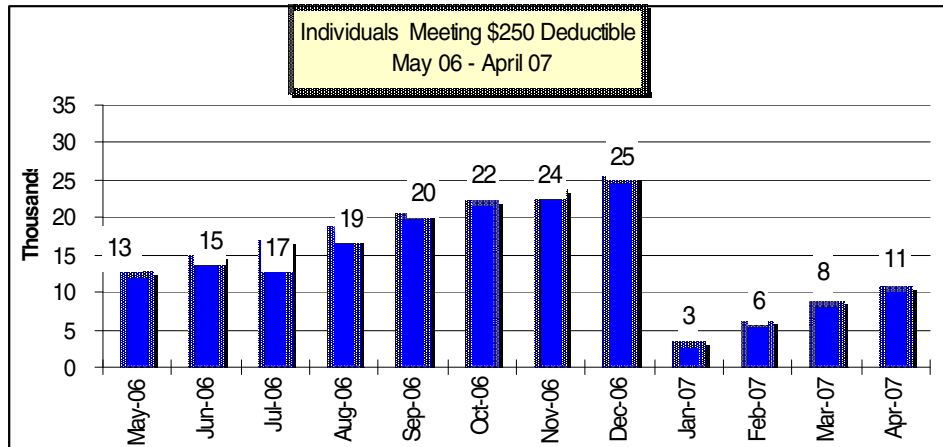
#### **Commonwealth Select**



A total of **0.69%** of Individuals and **0.12%** of families with Select Plans met their Select Deductibles  
 Note: The Select Plan deductible consists of medical costs only. Rx costs are part of the Max Out of Pocket (MOP)

## Analysis of Individuals and Families meeting their Deductibles (continued)

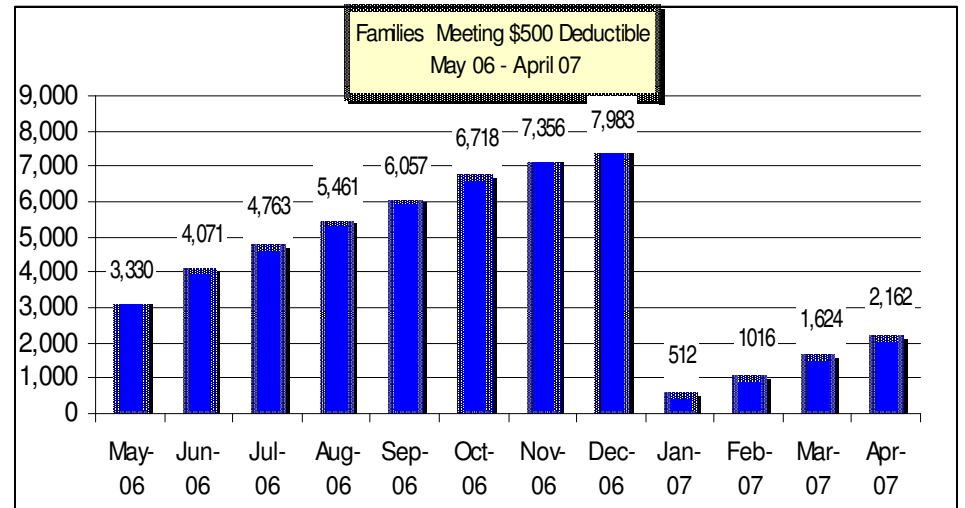
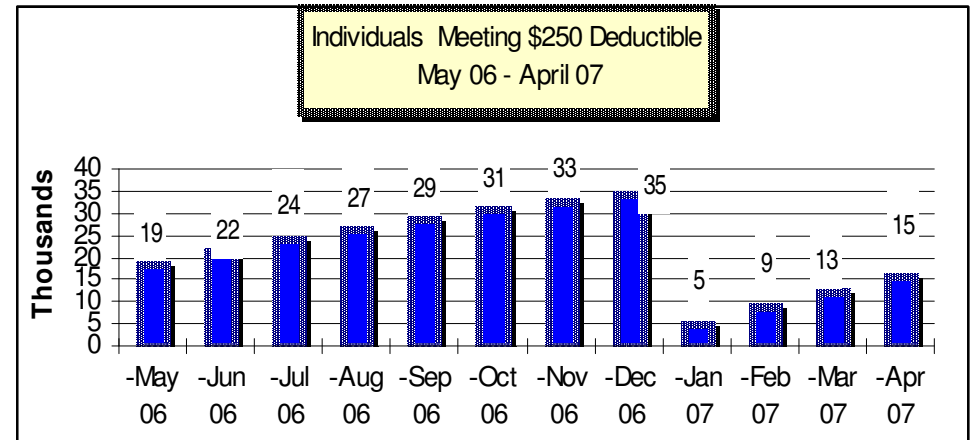
### Commonwealth Enhanced



2005 Enhanced: A total of **19.36%** of Individuals and **4.59%** of Families met their deductibles.

2006 Enhanced: A total of **21.49%** of Individuals and **7.21%** of Families met their deductibles

### Commonwealth Premier



2005 Premier: A total of **27.80%** of Individuals and **6.65%** of Families met their deductibles.

2006 Premier: A total of **30.16%** of Individuals and **9.95%** of Families met their deductibles.

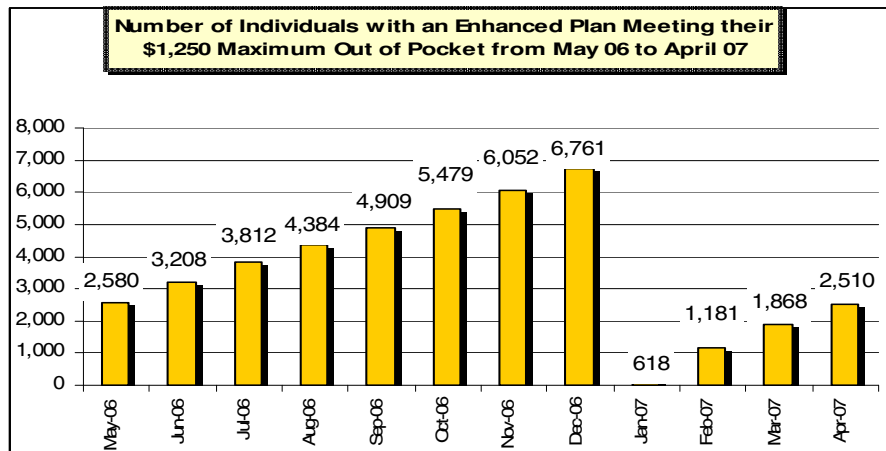
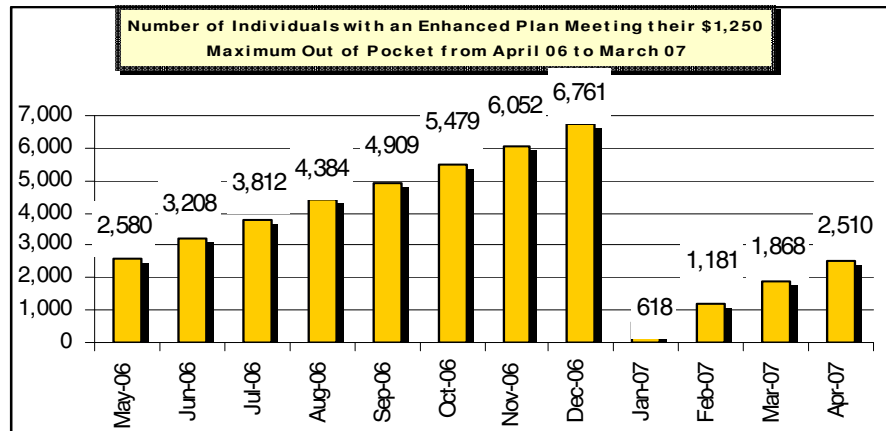
During 2007, a total of **8.02%** of Individuals and **3.76%** of Families met their Essential Deductibles

During 2007, a total of **13.52%** of Individuals and **2.81%** of Families met their Premier Deductibles.

## Analysis of Individuals and Families meeting their Maximum Out of Pocket Expenses

The following details the number of individuals and families by plan, meeting their maximum out of pocket (MOP) amounts for the most recent rolling year. The report is based on incurred claims.

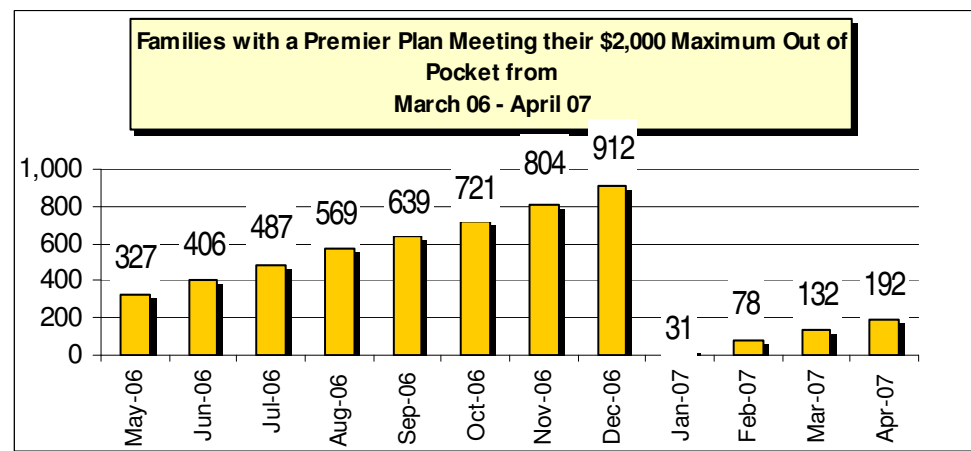
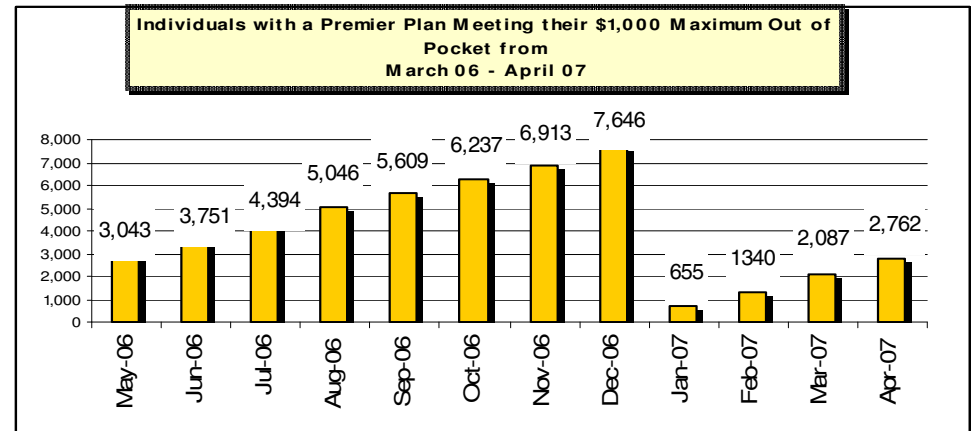
**Commonwealth Enhanced**



2005 Enhanced: A total of **3.34%** of Individuals and **0.46%** of Families met their MOPs.

2006 Enhanced: A total of **5.78%** of Individuals and **0.93%** of Families met their MOPs.

**Commonwealth Premier**



2005 Premier: A total of **3.38%** of Individuals and **0.53%** of Families met their MOPs

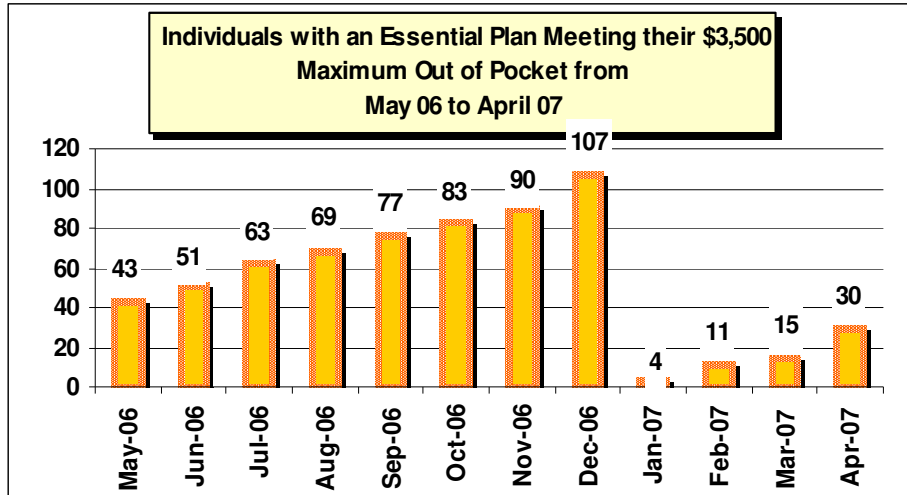
2006 Premier: A total of **6.68%** of Individuals and **1.14%** of Families met their MOPs.

During 2007, a total of **1.56%** of Individuals and **0.19%** of Families met their Enhanced MOPs

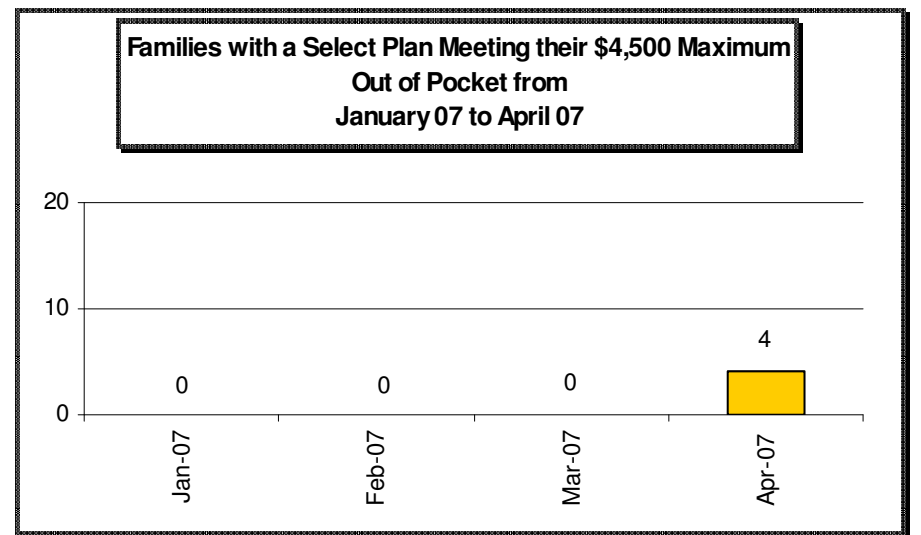
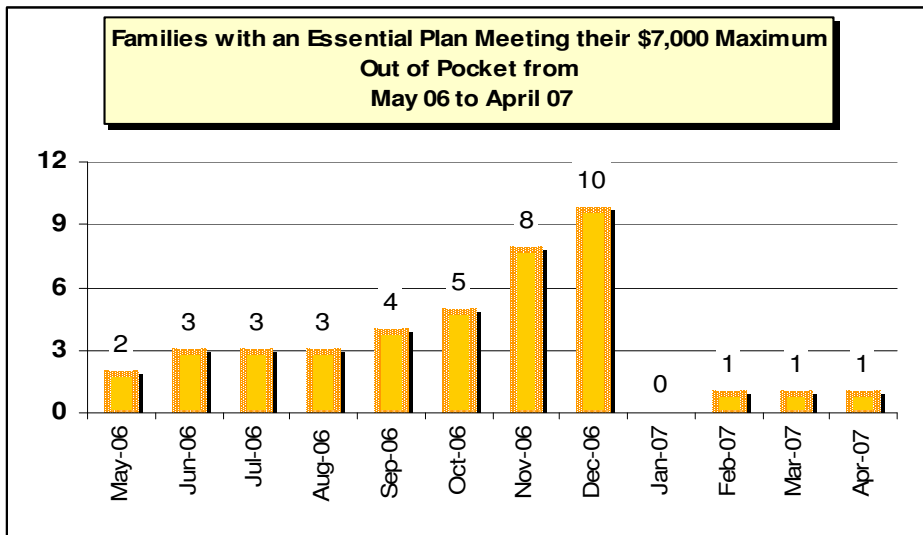
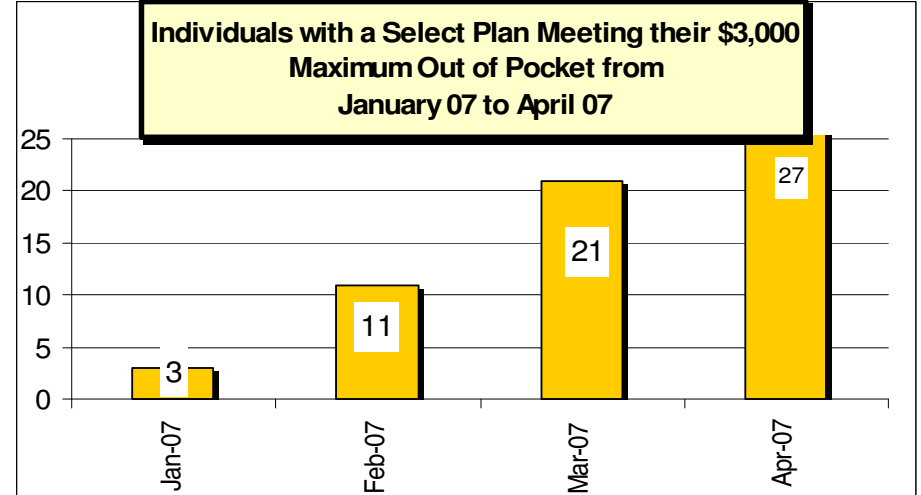
During 2007, a total of **2.41%** of Individuals and **0.25%** of Families met their Premier MOPs

### Analysis of Individuals and Families meeting their Maximum Out of Pocket Expenses (continued)

**Commonwealth Essential**



**Commonwealth Select**





2005 Essential: A total of **1.14%** of Individuals and **0.22%** of Families met their MOPs  
 2006 Essential: A total of **2.36%** of Individuals and **0.51%** of Families met their MOPs

During 2007, a total of 0.80% of Individuals and 0.07% of Families met their Essential MOPs.

A total of **0.64%** of individuals and **0.23%** of families with Select Plans met their MOPs.  
*Note: For the Select Plan only, prescription drug coinsurance amounts are included in MOP totals.*

### **Premium (or Premium Equivalent)**

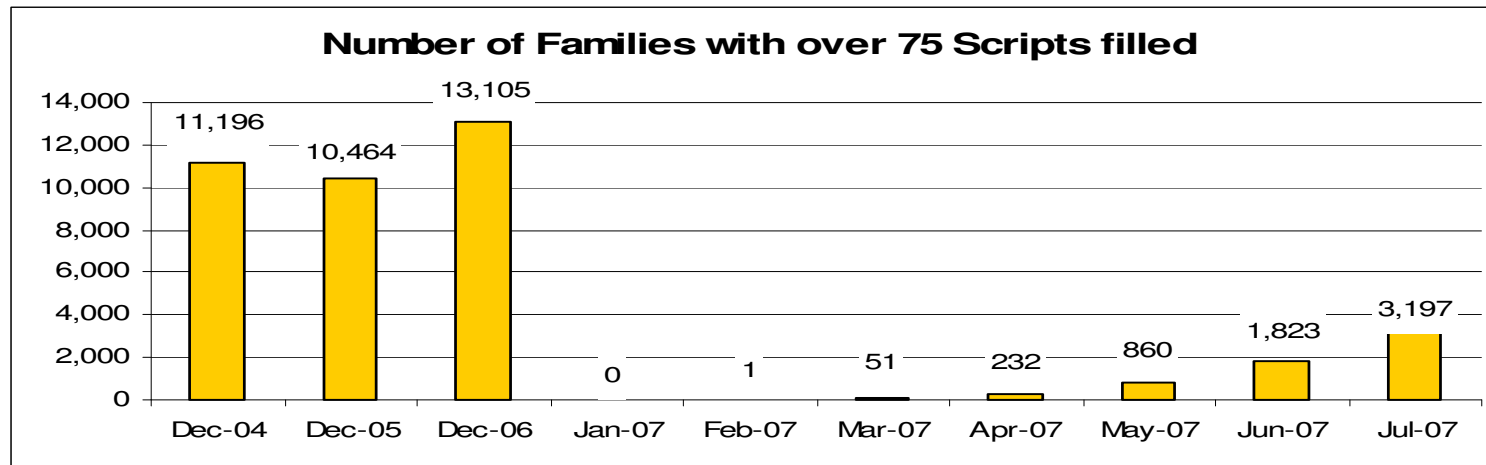
The following details the amount of premium (or premium equivalent) paid by the employee and employer for 2005, 2006, and monthly year-to-date for 2007.

<b>Time Period</b>	<b>Employee Premium Amount</b>	<b>Employer Premium Amount</b>	<b>Total Premium Amount</b>
2005	\$148,029,637	\$779,647,097	\$927,676,733
2006	\$153,787,780	\$948,458,338	\$1,102,246,118
Jan-07	\$14,016,671	\$80,542,856	\$94,559,527
Feb-07	\$14,044,597	\$80,471,968	\$94,516,565
Mar-07	\$13,794,423	\$80,762,937	\$94,557,360
Apr-07	\$13,833,486	\$80,943,164	\$94,776,651
May-07	\$13,847,690	\$80,934,413	\$94,782,103
Jun-07	\$13,894,924	\$81,108,166	\$95,003,089
Jul-07	\$13,957,961	\$81,070,108	\$95,028,069

***NOTE: Premium (or premium equivalent) is based on enrollment using published premium rates – it is NOT based on actual payments received.***

## Prescription Drug Utilization

The following details the number of families that have purchased 75 scripts or more during 2004, 2005, 2006 and monthly year-to-date for 2007. After a family has filled 75 prescriptions, via retail purchase, the co-payment is reduced to \$10 for 2<sup>nd</sup> tier and \$20 for 3<sup>rd</sup> tier.



*Note: This benefit exists only for Commonwealth Enhanced and Commonwealth Premier plans and does not include Mail Order drugs.*

### **Summary of plan impact for families who have met the 75(+) scripts benefit January through July 2007**

Distribution Ranges	# of Families	# of Scripts Rx	Avg # Scripts Per Patient	Avg Net Pay Per Script	Net Pay Rx
0 - 74	131,815	2,454,240	0 - 74	131,815	2,454,240
over 74	3,197	306,596	over 74	3,197	306,596
Total	135,012	2,760,836	Total	135,012	2,760,836

*Note: This benefit exists only for Commonwealth Enhanced and Commonwealth Premier plans and does not include Mail Order drugs.*

**Prescription Drug Utilization** (continued)

The following table details the type of prescription filled, the % that were generic, and the generic efficiency rate for the most recent rolling year. The generic percentage rate and generic efficiency rate increased in 2006. Based on Incurred claims.

	<b>Generic</b>	<b>Brand Name, Generic Available</b>	<b>Brand Name</b>	<b>Other*</b>	<b>Total</b>	<b>Scripts Rx % Generic</b>	<b>Scripts Generic Efficiency Rx</b>
May-06	206,446	13,766	160,029	8,173	388,414	53.15%	93.75%
Jun-06	198,952	13,306	150,830	7,945	371,033	53.62%	93.73%
Jul-06	195,478	12,953	141,765	15,026	365,222	53.52%	93.79%
Aug-06	207,490	13,212	145,735	20,484	386,921	53.63%	94.01%
Sep-06	211,889	12,366	139,312	15,612	379,179	55.88%	94.49%
Oct-06	227,323	13,257	146,154	13,397	400,131	56.81%	94.49%
Nov-06	235,040	13,220	144,210	11,522	403,992	58.18%	94.67%
Dec-06	241,620	13,275	147,281	13,786	415,962	58.09%	94.79%
Jan-07	249,226	13,554	155,003	14,905	432,688	57.60%	94.84%
Feb-07	222,772	12,006	139,885	15,110	389,773	57.15%	94.89%
Mar-07	254,346	13,718	159,949	9,913	437,926	58.08%	94.88%
Apr-07	232,028	12,331	146,081	10,312	400,752	57.90%	94.95%

\*Includes: Over the Counter (usually includes items such as diabetic supplies, syringes, and test strips, etc.), Other/Unavailable or Missing (unable to tag to a specific group).

**Prescription Drug Utilization** (continued)

The following details the number of members and patients **utilizing prescription** benefits and the associated costs for the most recent rolling year. Based on Incurred claims.

	<b>Members</b>	<b>Patients</b>	<b>Scripts</b>	<b>Scripts Per Member</b>	<b>Scripts Per Patient</b>	<b>Allow Amt Per Script</b>	<b>Net Pay Per Script</b>	<b>Member Cost Per Script</b>	<b>Patient Cost Per Script</b>
<b>May-06</b>	234,695	147,262	388,414	1.65	3.07	\$63.96	\$52.33	\$19.24	\$30.66
<b>Jun-06</b>	234,830	145,671	371,033	1.58	3.02	\$63.94	\$52.52	\$18.04	\$29.08
<b>Jul-06</b>	235,112	145,308	365,222	1.55	3.00	\$63.01	\$51.86	\$17.33	\$28.03
<b>Aug-06</b>	233,040	148,304	386,921	1.66	3.07	\$63.36	\$52.48	\$18.07	\$28.39
<b>Sep-06</b>	233,806	145,385	379,179	1.62	3.02	\$61.89	\$51.29	\$17.21	\$27.67
<b>Oct-06</b>	238,697	151,728	400,131	1.67	3.09	\$62.05	\$51.53	\$17.63	\$27.74
<b>Nov-06</b>	239,513	154,628	403,992	1.68	3.07	\$61.84	\$51.54	\$17.36	\$26.89
<b>Dec-06</b>	239,277	153,500	415,962	1.73	3.11	\$61.40	\$51.32	\$17.52	\$27.30
<b>Jan-07</b>	241,464	158,236	432,688	1.79	3.15	\$61.23	\$50.24	\$19.10	\$29.14
<b>Feb-07</b>	241,625	152,799	389,773	1.61	2.95	\$61.69	\$50.77	\$17.12	\$27.07
<b>Mar-07</b>	241,951	159,877	437,926	1.81	3.15	\$62.53	\$51.54	\$19.42	\$29.39
<b>Apr-07</b>	242,700	152,684	400,752	1.65	3.04	\$63.20	\$52.27	\$17.71	\$28.15

\* “Allow Amt” is the amount of submitted charges eligible for payment for all claims. It is the amount eligible after applying pricing guidelines, but before deducting third party, co-payment, coinsurance, or deductible amounts.

# **Prescription Drug Utilization** (continued)

The following top 25 drug analysis is based on Rx claims incurred January through April 2007.

<b><u>Product Name</u></b>	<b><u>Brand/Generic</u></b>	<b><u>Therapeutic Class</u></b>	<b><u>Net Pay Rx</u></b>	<b><u>Net Pay Rx % Brand</u></b>	<b><u>Scripts Rx</u></b>	<b><u>Net Pay Per Day Supply Rx</u></b>	<b><u>Patients Rx</u></b>	<b><u>Scripts DAW Phys Rx</u></b>	<b><u>Net Pay Per Script DAW Phys Rx</u></b>	<b><u>Net Pay Rx % DAW Phys</u></b>
NEXIUM	Single Source Brand	Gastrointestinal Drugs	\$2,505,208.00	31.99%	15,596	\$4.56	5,680	94	\$302.35	1.53%
SINGULAIR	Single Source Brand	Unclassified Agents	\$1,959,333.00	28.99%	21,166	\$2.69	8,826	56	\$210.20	0.82%
ENBREL	Single Source Brand	Unclassified Agents	\$1,708,268.00	25.27%	884	\$55.95	327	3	\$2,607.21	0.61%
PREVACID	Single Source Brand	Gastrointestinal Drugs	\$1,616,820.00	20.65%	9,769	\$4.76	3,591	25	\$270.05	0.55%
CRESTOR	Single Source Brand	Cardiovascular Agents	\$1,513,611.00	11.12%	17,933	\$2.42	6,724	67	\$152.98	0.90%
EFFEXOR-XR	Single Source Brand	Central Nervous System	\$1,489,429.00	8.67%	11,206	\$3.94	3,868	53	\$213.74	1.03%
VYTORIN	Single Source Brand	Cardiovascular Agents	\$1,391,361.00	10.22%	16,168	\$2.41	6,101	72	\$150.18	1.03%
TOPAMAX	Single Source Brand	Central Nervous System	\$1,300,696.00	7.57%	5,594	\$7.11	2,177	26	\$342.98	0.91%
AVANDIA	Single Source Brand	Hormones & Synthetic Subst	\$1,043,150.00	8.74%	6,784	\$4.37	2,416	15	\$254.66	0.48%
ACTOS	Single Source Brand	Hormones & Synthetic Subst	\$1,034,884.00	8.67%	6,203	\$4.79	2,204	33	\$283.25	1.22%
LEXAPRO	Single Source Brand	Central Nervous System	\$997,427.00	5.80%	13,974	\$2.15	5,240	65	\$113.02	0.99%
CYMBALTA	Single Source Brand	Central Nervous System	\$923,101.00	5.37%	7,427	\$3.81	2,729	29	\$254.58	1.08%
PLAVIX	Single Source Brand	Blood Form/Coagul Agents	\$899,066.00	39.68%	7,288	\$3.61	2,960	34	\$210.63	1.06%
PROTONIX	Single Source Brand	Gastrointestinal Drugs	\$893,798.00	11.41%	8,121	\$3.19	2,979	1	\$63.87	0.01%
HUMIRA	Single Source Brand	Immunosuppressants	\$870,041.00	49.83%	467	\$54.01	173	251	\$132.84	5.48%
LEVAQUIN	Single Source Brand	Anti-Infective Agents	\$851,921.00	12.08%	9003	\$10.59	7662	2	\$2,628.27	0.86%
TRICOR	Single Source Brand	Cardiovascular Agents	\$805,176.00	5.91%	8,463	\$2.69	3,105	32	\$193.59	1.03%
LOTREL	Single Source Brand	Cardiovascular Agents	\$802,727.00	5.89%	9,006	\$2.58	2,992	22	\$183.10	0.67%
ZYRTEC	Single Source Brand	Antihistamines & Comb.	\$801,843.00	35.62%	21,505	\$1.13	11,172	41	\$45.40	0.31%
SIMVASTATIN	Generic for Zocor	Cardiovascular Agents	\$741,748.00	5.45%	34,865	\$0.60	12,881	129	\$19.65	0.42%
ZETIA	Single Source Brand	Cardiovascular Agents	\$738,645.00	5.42%	9,249	\$2.25	3,469	54	\$78.35	0.73%
ADVAIR DISKUS 250/50	Single Source Brand	Hormones & Synthetic Subst	\$725,932.00	6.08%	4,144	\$5.21	2,271	14	\$368.73	0.94%
FEXOFENADINE HCL	Generic	Antihistamines & Comb.	\$707,108.00	31.41%	17,813	\$1.29	8,563	43	\$120.51	0.95%
IMITREX	Single Source Brand	Autonomic Drugs	\$684,081.00	17.38%	3,660	\$12.81	1,821	1	\$78.32	0.01%
LIPITOR	Single Source Brand	Cardiovascular Agents	\$683,376.00	5.02%	8,094	\$2.27	3,020	6	\$19.09	0.02%

\*\*Product Name\*\* includes all strengths/formulations of a drug.

Note: DAW stands for "Dispensed As Written"

**Prescription Drug Utilization** (continued)

In summary the top 25 drugs represent over 18% of the total scripts and over 32% of total Rx expenditures.

Summary	Net Pay Rx	Scripts Rx	Days Supply Rx
Top Drugs	\$2,047,204	9,078	806,732
All Product Names	\$4,046,313	29,581	2,619,943
Top Drugs as Pct of All Drugs	50.59%	30.69%	30.79%

## Utilization

The top 25 clinical conditions based on “incurred claims” for January through April 2007 are detailed below. (Note: Total Medical Payments represents only the payments made for the specified condition.)

	<u>Clinical Conditions</u>	<u>Net Pay Med</u>	<u>Net Pay IP Acute</u>	<u>Net Pay OP Med</u>	<u>Admits Per 1000 Acute</u>	<u>Days LOS Admit Acute</u>	<u>Visits Per 1000 Office Med</u>	<u>Visits Per 1000 ER</u>
1	Signs/Symptoms/Oth Cond, NEC	\$15,784,591	\$2,557,342	\$13,007,324	2.77	7.79	366.76	12.24
2	Respiratory Disord, NEC	\$12,845,672	\$3,725,889	\$9,108,663	3.38	2.78	127.44	17.39
3	Prevent/Admin Hlth Encounters	\$12,210,022	\$64,196	\$12,142,509	0.07	3	615.04	0.9
4	Coronary Artery Disease	\$11,995,610	\$7,385,279	\$4,608,952	4.65	3.38	68.32	2.93
5	Gastroint Disord, NEC	\$9,951,336	\$1,641,275	\$8,302,593	2.25	3.8	163.88	17.27
6	Spinal/Back Disorders, NEC	\$9,599,099	\$2,322,227	\$7,273,499	1.31	2.76	664.56	4.93
7	Arthropathies/Joint Disord NEC	\$8,383,055	\$496,147	\$7,871,438	0.48	2.56	740.43	6.95
8	Osteoarthritis	\$7,507,830	\$4,385,596	\$3,116,601	2.91	3.28	180.61	0.32
9	Pregnancy w Vaginal Delivery	\$5,524,875	\$5,494,318	\$30,557	6.62	2.44	0.51	0.04
10	Infections - ENT Ex Otitis Med	\$5,501,764	\$96,412	\$5,403,759	0.31	3.12	736.85	11.77
11	Cancer - Breast	\$5,454,863	\$241,830	\$5,209,411	0.45	4.19	52.29	0.06
12	Condition Rel to Tx - Med/Surg	\$4,414,065	\$3,452,833	\$954,201	2.14	5.37	6.68	1.81
13	Renal Function Failure	\$4,289,932	\$652,317	\$3,576,697	0.49	4.48	12.99	0.4
14	Chemotherapy Encounters	\$4,199,439	\$892,603	\$3,306,836	0.41	5.88	2.18	
15	Cholecystitis/Cholelithiasis	\$3,622,382	\$872,578	\$2,749,804	1.29	3.41	7.19	1.39
16	Newborns, w/wo Complication	\$3,599,518	\$3,434,776	\$164,676	9.25	3.37	4.68	0.1
17	ENT Disorders, NEC	\$3,354,297	\$90,729	\$3,262,850	0.16	2.62	653.18	2.66
18	Hypertension, Essential	\$3,331,983	\$634,637	\$2,695,880	0.54	3.5	318.53	1.74
19	Infec/Inflam - Skin/Subcu Tiss	\$3,254,531	\$701,186	\$2,552,528	1.29	4.37	239.69	4.38
20	Gynecological Disord, NEC	\$3,215,416	\$473,441	\$2,741,975	0.83	2.01	81.51	1.31
21	Cardiac Arrhythmias	\$3,165,263	\$1,517,889	\$1,641,721	1.2	2.52	42.29	2.24
22	Diabetes	\$3,124,771	\$847,433	\$2,275,077	1.03	5.75	202.64	1.42
23	Nutritional Disorders, NEC	\$3,111,023	\$545,206	\$2,561,308	0.93	2.77	203.76	2.05
24	Hernia/Reflux Esophagitis	\$2,868,858	\$591,920	\$2,276,858	0.73	3.95	53.37	0.88
25	Urinary Tract Calculus	\$2,699,342	\$338,780	\$2,360,562	0.79	2.02	15.76	3.95

\*Based on ICD-9 codes that could not be attributed to any other condition.



**Utilization** (continued)

In summary the top 25 clinical conditions represent over 59% of total paid claims for all clinical conditions.

Summary	Net Pay Med	Net Pay IP Acute	Net Pay OP Med	Admits Per 1000 Acute	Days LOS Admit Acute	Visits Per 1000 Office Med	Visits Per 1000 ER
Top Clinical Conditions	\$153,009,533	\$43,456,840	\$109,196,277	46.27	3.59	5,561.11	99.13
All Clinical Conditions	\$259,106,356	\$74,526,007	\$183,949,326	87.45	3.86	8,493.71	213.86
Top Clinical Conditions as Pct of All Clinical Conditions	59.05%	58.31%	59.36%	52.91%	92.91%	65.47%	46.35%

## Claims Lag Analysis

The following claims lag information is based on medical claims (does not include Rx) incurred January through April 2007.

<b>Plans</b>	<b>Number of Medical Claims</b>	<b>Avg Days Lag Per Claim</b>	<b>% Claims Paid Within 30 Days</b>	<b>% Claims Paid Within 60 Days</b>	<b>% Claims Paid Within 90 Days</b>
<b>Commonwealth Enhanced</b>	<b>1,023,889</b>	<b>18.2</b>	<b>85.12%</b>	<b>94.37%</b>	<b>97.51%</b>
<b>Commonwealth Essential</b>	<b>17,520</b>	<b>21.7</b>	<b>80.29%</b>	<b>92.48%</b>	<b>96.57%</b>
<b>Commonwealth Premiere</b>	<b>1,381,471</b>	<b>18.3</b>	<b>84.93%</b>	<b>94.44%</b>	<b>97.62%</b>
<b>Commonwealth Select</b>	<b>22,918</b>	<b>18.5</b>	<b>84.29%</b>	<b>94.27%</b>	<b>97.60%</b>
<b>~Missing</b>	<b>7,624</b>	<b>33.4</b>	<b>64.72%</b>	<b>80.81%</b>	<b>91.16%</b>
<b>All Plans</b>	<b>2,453,422</b>	<b>18.3</b>	<b>84.91%</b>	<b>94.35%</b>	<b>97.54%</b>

\*Missing means the claims could not be tagged to a specific plan.

The following claims lag information is based on all claims (Medical and Rx) incurred and paid during the most recent rolling year.

Paid	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06
Incurred					
Aug-06	\$45,213,813	\$30,583,989	\$5,336,499	\$2,241,538	\$1,071,890
Sep-06	N/A	\$40,454,408	\$28,271,700	\$4,948,949	\$2,146,331
Oct-06	N/A	N/A	\$46,580,222	\$27,686,628	\$6,768,712
Nov-06	N/A	N/A	N/A	\$43,819,955	\$32,788,971
Dec-06	N/A	N/A	N/A	N/A	\$44,152,401
Jan-07	N/A	N/A	N/A	N/A	N/A
Feb-07	N/A	N/A	N/A	N/A	N/A
Mar-07	N/A	N/A	N/A	N/A	N/A
Apr-07	N/A	N/A	N/A	N/A	N/A
May-07	N/A	N/A	N/A	N/A	N/A
Jun-07	N/A	N/A	N/A	N/A	N/A
Jul-07	N/A	N/A	N/A	N/A	N/A

Paid	Jan-07	Feb-07	Mar-07	Apr-07	May-07	Jun-07
Incurred						
Aug-06	\$796,623	\$179,170	\$229,836	\$196,944.85	\$156,517.01	\$24,652.94
Sep-06	\$832,198	\$681,156	\$444,864	\$78,796.90	\$32,987.45	\$31,987.27
Oct-06	\$2,272,198	\$1,038,756	\$374,111	\$315,863.81	\$314,675.26	\$100,678.47
Nov-06	\$5,738,706	\$1,922,846	\$1,033,579	\$605,907.75	\$221,289.93	\$194,131.54
Dec-06	\$31,923,797	\$5,894,355	\$2,374,453	\$1,011,577.02	\$546,965.47	\$466,715.82
Jan-07	\$46,939,731	\$29,848,145	\$6,271,762	\$2,381,414.99	\$978,323.79	\$925,877.29
Feb-07	N/A	\$41,122,455	\$31,104,382	\$4,572,115.09	\$1,781,365.13	\$855,631.13
Mar-07	N/A	N/A	\$50,544,545	\$32,141,571.11	\$6,302,657.93	\$3,344,199.20
Apr-07	N/A	N/A	N/A	\$42,507,670.32	\$33,125,491.15	\$5,644,548.25
May-07	N/A	N/A	N/A	N/A	\$46,482,597.99	\$35,121,507.39
Jun-07	N/A	N/A	N/A	N/A	N/A	\$50,659,703.73
Jul-07	N/A	N/A	N/A	N/A	N/A	N/A

## Claims Distribution based on Age/Gender

The following is based on claims incurred January through April 2007.

Age Group Medstat	Female			Male		
	Members Avg	Net Pay Med and Rx	Net Pay Per Member	Members Avg	Net Pay Med and Rx	Net Pay Per Member
Ages < 1	184.8	\$1,587,725.67	\$1,587,725.67	190	\$2,684,916.90	\$2,684,916.90
Ages 1-4	4,544.80	\$2,834,109.60	\$2,834,109.60	4,827.30	\$3,640,190.37	\$3,640,190.37
Ages 5-9	6,179.50	\$2,447,278.96	\$2,447,278.96	6,375.30	\$3,306,485.04	\$3,306,485.04
Ages 10-14	6,752.80	\$2,765,231.64	\$2,765,231.64	7,146.30	\$3,028,858.29	\$3,028,858.29
Ages 15-17	4,660.80	\$3,636,576.09	\$3,636,576.09	5,040.80	\$2,983,650.22	\$2,983,650.22
Ages 18-19	3,274.00	\$1,992,137.09	\$1,992,137.09	3,380.30	\$2,018,389.78	\$2,018,389.78
Ages 20-24	7,084.50	\$5,191,861.49	\$5,191,861.49	6,433.80	\$3,272,059.07	\$3,272,059.07
Ages 25-29	8,167.80	\$9,251,089.52	\$9,251,089.52	3,805.30	\$2,078,693.39	\$2,078,693.39
Ages 30-34	8,900.50	\$11,781,876.56	\$11,781,876.56	4,873.80	\$3,056,574.73	\$3,056,574.73
Ages 35-39	10,868.80	\$13,318,358.06	\$13,318,358.06	5,663.50	\$4,483,926.62	\$4,483,926.62
Ages 40-44	11,792.30	\$15,422,840.20	\$15,422,840.20	6,336.30	\$6,517,831.90	\$6,517,831.90
Ages 45-49	14,441.50	\$22,897,681.84	\$22,897,681.84	7,669.50	\$10,343,357.62	\$10,343,357.62
Ages 50-54	17,672.80	\$31,964,054.35	\$31,964,054.35	10,129.80	\$15,999,911.03	\$15,999,911.03
Ages 55-59	19,781.80	\$40,645,747.43	\$40,645,747.43	12,545.00	\$24,639,901.16	\$24,639,901.16
Ages 60-64	16,103.50	\$40,579,651.32	\$40,579,651.32	10,853.50	\$29,123,511.46	\$29,123,511.46
Ages 65-74	4,009.50	\$10,895,800.58	\$10,895,800.58	2,871.30	\$9,682,617.96	\$9,682,617.96

## **Allowed Amount Distribution**

The following table shows the distribution of members with allowed amount of charges within specified ranges for 2005, 2006 and Year-to-Date for 2007. The distribution is based on incurred claims.

*Jan - April 07*

Allowed Amount	2005	2006	2007
less than 0.00	90	4	1
\$0.00 - \$499.99	50,002	54,068	91,099
\$500.00 - \$999.99	29,232	32,876	40,668
\$1,000.00 - \$1,999.99	35,407	40,334	33,939
\$2,000.00 - \$4,999.99	47,471	54,388	26,153
\$5,000.00 - \$9,999.99	26,210	30,324	9,251
\$10,000.00 - \$14,999.99	9,138	10,596	2,692
\$15,000.00 - \$19,999.99	4,055	4,722	1,120
\$20,000.00 - \$29,999.99	3,539	4,255	1,061
\$30,000.00 - \$49,999.99	2,312	2,841	736
\$50,000.00 - \$74,999.99	932	1,089	278
\$75,000.00 - \$99,999.99	390	474	105
\$100,000.00 - \$149,999.99	299	352	84
\$150,000.00 - \$199,999.99	116	110	28
\$200,000.00 - \$249,999.99	57	64	16
over \$249,999.99	74	94	15
Total	209,324	236,591	207,246

## Summary of Enrollment and Claims

The following provides a summary of members, incurred medical claims, and incurred Rx claims for the most recent rolling year.

Time Period	Members	Net Pay Med and Rx	Net Pay Med	Net Pay Rx	Claims Paid	Claims Paid Med	Scripts Rx
May 2006	234,695	\$84,011,431.69	\$63,685,731.58	\$20,325,700.11	664,779	269,612	388,414
Jun 2006	234,830	\$84,411,859.23	\$64,923,398.12	\$19,488,461.11	653,209	275,556	371,033
Jul 2006	235,112	\$80,506,369.60	\$61,567,702.01	\$18,938,667.59	635,584	263,130	365,222
Aug 2006	233,040	\$86,045,575.05	\$65,740,685.15	\$20,304,889.90	675,184	278,757	386,921
Sep 2006	233,806	\$77,971,137.27	\$58,524,557.54	\$19,446,579.73	636,232	249,570	379,179
Oct 2006	238,697	\$85,510,730.66	\$64,893,288.95	\$20,617,441.71	693,583	286,489	400,131
Nov 2006	239,513	\$86,456,495.30	\$65,633,117.87	\$20,823,377.43	700,083	289,048	403,992
Dec 2006	239,277	\$86,516,426.56	\$65,168,359.29	\$21,348,067.27	690,818	267,804	415,962
Jan 2007	241,464	\$87,579,429.77	\$65,842,468.07	\$21,736,961.70	739,619	299,109	432,688
Feb 2007	241,625	\$79,915,794.13	\$60,125,255.70	\$19,790,538.43	660,235	263,841	389,773
Mar 2007	241,951	\$93,239,967.35	\$70,667,538.51	\$22,572,428.84	743,487	297,916	437,926
Apr 2007	242,700	\$83,417,930.11	\$62,471,093.81	\$20,946,836.30	675,668	267,530	400,752

NOTE: Includes run out data from all Carriers

The following illustrates the change in incurred claims amounts (includes medical and Rx) by rolling year.

	Members	Total Medical and Rx Claims	Total Medical Claims	Total RX Claims
May 2005 - Apr 2006	232,114	\$863,736,986	\$665,278,691	\$199,226,596
May 2006 - Apr 2007	238,711	\$1,015,583,566	\$769,243,197	\$246,340,369
% Change (Roll Yrs)	2.80%	17.60%	15.60%	23.60%